

AGREEMENT FOR RECURRING PREAUTHORIZED DRAFT

I (we) _____ hereby authorize First Financial Credit Union, hereinafter called FFCU, to initiate the electronic transfer indicated below at the depository financial institution named below, hereafter called Depository, and to debit/credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law including ACH Regulations and EFT Regulation E.

ACH AGREEMENT (SELECT ONE)

Recurring Event One Time ACH Change Existing ACH Cancellation

Member # _____ Daytime Phone # _____

Recurring Event: Date of First Credit/Debit: ____ / ____ / ____ Frequency: <input type="checkbox"/> Weekly – Day of Week (M-F) <input type="checkbox"/> Bi-Weekly – Day of Week (Fridays Only) <input type="checkbox"/> Semi-Monthly (twice a month) Days ____ & ____ <input type="checkbox"/> Monthly Day of Month ____

One Time ACH: Date of Debit/Credit: _____ (Please allow up to 3 business days to process request)

Payment Information Amount of Request \$ _____

Credit (Transfer To):

Debit (Transfer From):

FFCU Account
 Savings Checking Loan(s) # _____

FFCU Account
 Savings Checking

Bank/CU Name _____
 Bank/CU Phone # (____) _____
 Routing # _____ (must be 9 digits)
 Account # _____

Bank/CU Name _____
 Bank/CU Phone # (____) _____
 Routing # _____ (must be 9 digits)
 Account # _____

IMPORTANT: RETURN FORM WITH VOIDED CHECK FROM: _____
First Financial Credit Union
Attn: ACH Department
PO Box 25587
Albuquerque, NM 87125-0587

This authorization is to remain in full force and effect until FFCU has received written notification from me (or either of us) of its termination in such time and in such manner as to afford FFCU and Depository a reasonable opportunity to act (FFCU requires 3 business days).

If any such debit entry is dishonored for any reason, INSTITUTION will not be under any liability even though dishonor results in the forfeiture of collateral securing a loan, or negatively impacts my payment record. If the debit entry is returned for any reason FFCU reserves the right to cancel the authorization without notice.

I (we) agree to request a cancellation of automatic debit from my other financial institution upon payoff of my loan referenced below. I (we) will do so by contacting the credit union by phone, mail or visiting an office. In addition, I (we) have read and fully understand the provisions of this form.

 Member Signature

 Date